

CONTRACT SUMMARY

This information will be made available to the public on the State Water Resources Control Board's (SWRCB) Website.

Use the "tab" and arrow keys to move through the form. Skip areas that DO NOT APPLY to your Project.

Date filled out:

A) Project Information Please use complete phrases/ sentences. Fields will expand as necessary as you type.	
1. Project Title:	
2. Project Purpose – Problem / Goals ("why" the project):	
3. Project Abstract (brief description of project):	
5. Which SWRCB program is funding this project? <i>Please put an "X" by the one that applies.</i> <input type="checkbox"/> <i>Prop 13</i> <input type="checkbox"/> <i>EPA 319h grant</i>	
B) Project Contact:	
Name:	Job Title:
Organization:	Webpage Address:
Address:	
Phone:	Fax number:
Email:	
C) Project Time Frame: Refers to the implementation period of project.	
From:	To:
D) Participant Information: Name all agencies/groups involved with project:	
E) Location:	
1. Size of Project (include units):	2. Counties included in project:
F) Biography of Group: .	
G) Biography of Project: .	
H) Short-term Goals:	
I) Long-term Goals:	

PLEASE PROVIDE A HARD COPY AND AN ELECTRONIC COPY TO YOUR CONTRACT MANAGER AND YOUR PROGRAM ANALYST WITH YOUR QUARTERLY/MONTHLY REPORT.